



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
COVER PAGE

RECEIVED/FILED
MICHIGAN DEPT OF STATE
2015 OCT 23 AM 10:55
ELECTIONS/GREAT SEAL

Report must be legible, typed or printed in ink and signed by the Treasurer/Designated Record Keeper and Official.

FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>004</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Donna Messinger</p> <p>1c. Legal Defense Fund Address: 412 E Detroit Street New Buffalo, MI 49117</p> <p>1d. Legal Defense Fund Phone: _____</p>	<p>2a. Official's Full Name: Donna Messinger</p> <p>2b. Official's Office: <u>City of New Buffalo Council</u></p>
<p>3a. Treasurer's Full Name: Susan Gotfried</p> <p>3b. Treasurer's Residential Address: same as above</p>	<p>3c. Treasurer's Business Address: Same a LDF address</p> <p>3d. Treasurer's Phone Number(s): _____</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input checked="" type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input checked="" type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution <u>10, 21, 2015</u></p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u>Donna Messinger</u> <u>10-22-15</u> <u>1 1</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Susan Gotfried</u> <u>10, 22, 15</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>0.00</u>	1b. \$ <u>4,915.00</u>
2. In-Kind Contributions	2a. \$ _____	2b. \$ _____
3. TOTAL CONTRIBUTIONS	3a. \$ <u>0.00</u>	3b. \$ <u>4,915.00</u>
4. Itemized Expenditures	4a. \$ <u>0.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0.00</u>	6b. \$ <u>3,000.00</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>1,915.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>0.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>1,915.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>1,915.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>0.00</u> *

* The ending balance must always be a positive number.



**MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name:		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount	
Donna Messinger 226 Mayhew Street New Buffalo, MI 49117	Refund of a contribution due to dissolving the LDF	<u>10/21/2015</u>	\$ <u>1,000.00</u>	
State Bar of Michigan, Client Protection Fund Michael Franck Building 906 Townsend Street Lansing, MI 48933	Contribution due to dissolving the LDF (check amount includes interest earned on the account)	<u>10/22/2015</u>	\$ <u>895.50</u>	
New Buffalo Savings Bank fees	Check writing	<u>10/22/2015</u>	\$ <u>20.00</u>	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
Page Subtotal			\$ <u>1,915.00</u>	
Grand Total (Complete on last page of Schedule)			\$ <u>1,915.00</u>	
Page <u>1</u> of <u>1</u>			Forward to #3 Summary Page	

Quiroga, Evelyn (MDOS)

From: Susan Gotfried <sgotfried@comcast.net>
Sent: Friday, October 23, 2015 5:51 PM
To: Quiroga, Evelyn (MDOS); Quiroga, Evelyn (MDOS)
Subject: Fw: Donna Messinger's Final Report
Attachments: Donna Messinger's Final LDF report.pdf

From: [Quiroga, Evelyn \(MDOS\)](#)
Sent: Friday, October 23, 2015 4:31 PM
To: [Susan Gotfried](#)
Subject: RE: Donna Messinger's Final Report

Oops. No attachment! e

From: Susan Gotfried [<mailto:sgotfried@comcast.net>]
Sent: Friday, October 23, 2015 4:28 PM
To: Quiroga, Evelyn (MDOS)
Subject: Donna Messinger's Final Report

October 23, 2015

Dear Evelyn,

Attached is Donna Messinger's 2015 third quarter and final LDF report.

Thank you for all your help during the year.

Sincerely,

Susan Gotfried
Treasurer

This email is free from viruses and malware because [Ad-Aware Email Protection](#) is active.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

*BOE
Received
7/19/15
er*

LEGAL DEFENSE FUND
COVER PAGE

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FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>004</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Donna Messinger</p> <p>1c. Legal Defense Fund Address: 412 E Detroit Street New Buffalo, MI 49117</p> <p>1d. Legal Defense Fund Phone: <u>269 469-1358</u></p>	<p>2a. Official's Full Name: Donna Messinger</p> <p>2b. Official's Office: <u>City of New Buffalo Council</u></p>
<p>3a. Treasurer's Full Name: Susan Gotfried</p> <p>3b. Treasurer's Residential Address: same as above</p>	<p>3c. Treasurer's Business Address: Same as LDF address</p> <p>3d. Treasurer's Phone Number(s): <u>Same</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input checked="" type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u><i>Donna Messinger</i></u> <u>7.16.15</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>Susan Gotfried</i></u> <u>7.19.15</u></p>	



ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND	1. Legal Defense Fund I.D. Number and Name: Legal Defense Fund for Donna Messinger #004
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Enter contributor's name and address.	5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: 3. Date of Receipt: <u>07/08/2015</u> Albin and Barbara Sikora 11911 Marquette Drive New Buffalo, MI 49117 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ <u>100.00</u>	\$ _____	\$ <u>100.00</u>
2. Name and Address: 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
2. Name and Address: 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____	\$ _____	\$ _____	\$ _____
Page Subtotal:	\$ <u>100.00</u>	\$ _____	\$ <u>100.00</u>
Grand Total: (Complete on last page of Schedule)	\$ <u>100.00</u>	\$ _____	\$ <u>100.00</u>
Page <u>1</u> of <u>1</u>	Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: Legal Defense Fund for Donna Messinger #004	
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount
Lanny W. Fisher, Attorney at Law 304 E Dewey Street Suite 207 Buchanan, MI 49107	Final Attorney Fee	07/08/2015	\$ 2,000.00
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____
Page Subtotal			\$ 2,000.00
Grand Total (Complete on last page of Schedule)			\$ 2,000.00
Page 1 of 1			Forward to #3 Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>100.00</u>	1b. \$ <u>100.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>100.00</u>	3b. \$ <u>100.00</u>
4. Itemized Expenditures	4a. \$ <u>2,000.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>2,000.00</u>	6b. \$ <u>2,000.00</u>

BALANCE STATEMENT

7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>3,815.00</u>
8. Amount received during reporting period (Item 1a.)	8. \$ <u>100.00</u>
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>3,915.00</u>
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>2,000.00</u>
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>1,915.00</u> *

* The ending balance must always be a positive number.

Quiroga, Evelyn (MDOS)

From: Susan Gotfried <sgotfried@comcast.net>
Sent: Sunday, July 19, 2015 9:00 AM
To: Quiroga, Evelyn (MDOS)
Cc: Donna Messinger
Subject: 2nd Qtr 2015 LDF Report
Attachments: Donna Messinger 2nd qtr report 2015.pdf

Evelyn,

Please find the attached 2nd Quarter 2015 Legal Defense Fund Report for Council Member Donna Messinger. Although the charges were dropped by the prosecuting attorney, Donna is keeping the Fund open due to a continuing issue concerning a legal fee from her first attorney that has not been resolved yet. We also need to know how much Donna owes the State because her LDF was delinquent in the date established.

Thank you,

Susan Gotfried
Treasurer, Legal Defense Fund for Donna Messinger



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BUREAU OF ELECTIONS
MI DEPT OF STATE

2015 APR 16 AM 10:44

LEGAL DEFENSE FUND
COVER PAGE

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FOR OFFICIAL USE ONLY

<p>1a. Legal Defense Fund I.D. Number: <u>004</u></p> <p>1b. Legal Defense Fund Name: Legal Defense Fund for Donna Messinger</p> <p>1c. Legal Defense Fund Address: 412 E Detroit Street New Buffalo, MI 49117</p> <p>1d. Legal Defense Fund Phone: <u>269 469 1358</u></p>	<p>2a. Official's Full Name: Donna Messinger</p> <p>2b. Official's Office: <u>City of New Buffalo Council</u></p>
<p>3a. Treasurer's Full Name: Susan Gotfried</p> <p>3b. Treasurer's Residential Address: same as above</p>	<p>3c. Treasurer's Business Address: same as Defense Fund address</p> <p>3d. Treasurer's Phone Number(s): _____</p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input checked="" type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution ____/____/____</p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u><i>Donna Messinger</i></u> <u>4, 15, 15</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u><i>Susan Gotfried</i></u> <u>4, 16, 2015</u></p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>1,285.00</u>	1b. \$ <u>1,285.00</u>
2. In-Kind Contributions	2a. \$ <u>0.00</u>	2b. \$ <u>0.00</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>1,285.00</u>	3b. \$ <u>1,285.00</u>
4. Itemized Expenditures	4a. \$ <u>1,000.00</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>50.00</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>1,050.00</u>	6b. \$ <u>1,050.00</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>3,530.00</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>1,285.00</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>4,815.00</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>1,000.00</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>3,815.00</u> *	
	* The ending balance must always be a positive number.	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES SCHEDULE 2 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: Legal Defense Fund for Donna Messinger #004		
2. Name and address of person or vendor paid	3. Purpose	4. Date	5. Amount	
Lanny W. Fisher, Attorney at Law 324 E Dewey Street Suite 207 Buchanan, MI 49107	Attorney Fee	02/10/2015	\$ 1,000.00	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
		Page Subtotal	\$ 1,000.00	
		Grand Total (Complete on last page of Schedule)	\$ 1,000.00	
Page 1 of 1			Forward to #3 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: Legal Defense Fund for Donna Messinger, #004		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Marilyn Slattery 195 N Harbor Drive Apt 506 Chicago, IL 60601 3. Date of Receipt: 01/13/2015 4. If over \$100.00 cumulative, please provide: Occupation: Employer: _____ Place of Business: _____		\$ 20.00	\$ _____	\$ 20.00
2. Name and Address: Patty Bernstein 222 S Whittiker Unit C New Buffalo, MI 49117 3. Date of Receipt: 01/13/2015 4. If over \$100.00 cumulative, please provide: Occupation: Employer: _____ Place of Business: _____		\$ 25.00	\$ _____	\$ 45.00
2. Name and Address: Beverly and Gerald Kohn 6697 Warren Woods Road Three Oaks, MI 49128 3. Date of Receipt: 01/13/2015 4. If over \$100.00 cumulative, please provide: Occupation: Heas of Manufacturing Employer: CC Industries Place of Business: 13040 Three Oaks Rd, Beverly, MI		\$ 500.00	\$ _____	\$ 545.00
2. Name and Address: Chris Pfauser and Rob Gow 11812 Riviera Drive, New Buffalo, MI 49117 3. Date of Receipt: 01/15/2015 4. If over \$100.00 cumulative, please provide: Occupation: Broker Employer: Berkshire Hathaway Home Services Place of Business: 211 Whittaker Street, New Buffalo, MI		\$ 150.00	\$ _____	\$ 695.00
2. Name and Address: Heidi Hornaday 135 S Mayhew St New Buffalo, MI 49117 3. Date of Receipt: 02/09/2015 4. If over \$100.00 cumulative, please provide: Occupation: Architect Employer: Self-employed Place of Business: 135 S Mayhew Street, NB, MI		\$ 300.00	\$ _____	\$ 995.00
2. Name and Address: Debra Singer 1306 W Water Street New Buffalo, MI 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: Employer: _____ Place of Business: _____		\$ 100.00	\$ _____	\$ 1,095.00
Page Subtotal:		\$ 1,095.00	\$ _____	\$ 1,095.00
Grand Total: (Complete on last page of Schedule)		\$ _____	\$ _____	\$ _____
Page 1 of 2		Forward to #1 Summary Page	Forward to #2 Summary Page	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: Legal Defense for Donna Messinger #004		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: Mark Kroll and David Aaker 214 South Mayhew New Buffalo, MI 49117 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: <u>Self-employed</u> Employer: <u>Whole 9 Yards</u> Place of Business: <u>15412 West Arrow Highway, Lake Side MI</u>		\$ 150.00	\$	\$ 1,245.00
2. Name and Address: Judith Bobber 1501 W Water Street New Buffalo, MI 49117 3. Date of Receipt: 03/02/2015 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$ 40.00	\$	\$ 1,285.00
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$	\$	\$
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$	\$	\$
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$	\$	\$
2. Name and Address: _____ 3. Date of Receipt: _____ 4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____		\$	\$	\$
Page Subtotal:		\$ 190.00	\$	\$ 190.00
Grand Total: (Complete on last page of Schedule)		\$ 1,285.00	\$	\$ 1,285.00
Page <u>2</u> of <u>2</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	

Quiroga, Evelyn (MDOS)

From: Susan Gotfried <sgotfried@comcast.net>
Sent: Thursday, April 16, 2015 8:21 AM
To: Quiroga, Evelyn (MDOS)
Cc: Donna Messinger
Subject: Legal Defense Fund
Attachments: Messinger's LDF 1st qtr 2015.pdf

2015 APR 16 AM 10:44

Evelyn,

Please find attached, Donna Messinger's 2015 First Quarter Report. (two down, one to go)

Sincerely,

Susan Gotfried



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BUREAU OF ELECTIONS

2015 JAN 22 P 2: 41

DEPT OF STATE

LEGAL DEFENSE FUND
COVER PAGE

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<p>1a. Legal Defense Fund I.D. Number: <u>004</u></p> <p>1b. Legal Defense Fund Name: <u>Legal Defense Fund for Donna Messenger</u></p> <p>1c. Legal Defense Fund Address: <u>412 E Detroit St New Buffalo, MI 49117</u></p> <p>1d. Legal Defense Fund Phone: <u>269 469-1358</u></p>	<p>2a. Official's Full Name: <u>Donna Messenger</u></p> <p>2b. Official's Office: <u>City of New Buffalo Council</u></p>
<p>3a. Treasurer's Full Name: <u>Susan Gotfried</u></p> <p>3b. Treasurer's Residential Address: <u>412 E Detroit St New Buffalo, MI 49117</u></p>	<p>3c. Treasurer's Business Address: <u>412 E Detroit St New Buffalo, MI 49117</u></p> <p>3d. Treasurer's Phone Number(s): <u>269 469-1358</u></p>
<p>4a. Quarterly Transaction Report Covering:</p> <p><input type="checkbox"/> January 1 – March 31; Due: April 25th</p> <p><input type="checkbox"/> April 1 – June 30; Due: July 25th</p> <p><input type="checkbox"/> July 1 – September 30; Due: October 25th</p> <p><input checked="" type="checkbox"/> October 1 – December 31; Due: January 25th</p> <p>4b. <input type="checkbox"/> Amendment to Transaction Report: also mark (4a) to indicate which Report is being amended)</p>	<p>5. <input type="checkbox"/> Dissolution of Legal Defense Fund:</p> <p>Effective Date of Dissolution <u>1 1</u></p> <p>By checking this item, I/We certify that the Legal Defense Fund has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Itemized Expenditure Schedule 2 and the Summary Page.</p>
<p>6. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Official's Signature and Date: <u>Donna Messenger</u> <u>1/22/15</u></p> <p>Treasurer's/Designated Record Keeper's Signature and Date: <u>Susan Gotfried</u> <u>1/22/15</u></p>	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

LEGAL DEFENSE FUND For Donna Messinger 004
SUMMARY PAGE

FOR OFFICIAL USE ONLY

Summary Page

	Column I This Period	Column II Cumulative Calendar Year
1. Contributions	1a. \$ <u>3,530⁰⁰</u>	1b. \$ <u>3,530⁰⁰</u>
2. In-Kind Contributions	2a. \$ <u>1,000⁰⁰</u>	2b. \$ <u>1,000⁰⁰</u>
3. TOTAL CONTRIBUTIONS	3a. \$ <u>4,530</u>	3b. \$ <u>4,530⁰⁰</u>
4. Itemized Expenditures	4a. \$ <u>0</u>	
5. Unitemized Expenditures (less than \$50.01 each - no Schedule)	5a. \$ <u>0</u>	
6. TOTAL EXPENDITURES	6a. \$ <u>0</u>	6b. \$ <u>0</u>
BALANCE STATEMENT		
7. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	7. \$ <u>0</u>	
8. Amount received during reporting period (Item 1a.)	8. \$ <u>3,530⁰⁰</u>	
9. SUBTOTAL Add lines 7 and 8	9. \$ <u>3,530⁰⁰</u>	
10. Amount expended during reporting period (Item 6a.)	10. \$ <u>0</u>	
11. ENDING BALANCE (Subtract line 10 from line 9)	11. \$ <u>3,530⁰⁰</u>	

* The ending balance must always be a positive number.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <u>004 Danna Messenger</u>		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Susan Golfried + Michael Marcinek</u> <u>412 E Detroit St, New Buffalo, MI</u> 3. Date of Receipt: <u>12/26/14</u>		\$ <u>300⁰⁰</u>	\$ _____	\$ <u>300⁰⁰</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Dentist</u> Employer: <u>Red Arrow Dentistry</u> Place of Business: <u>9500 Red Arrow, Bridgman, MI</u>				
2. Name and Address: <u>Susan + Roy Quiriconi</u> <u>14396 Wolf Lane, New Buffalo, MI</u> 3. Date of Receipt: <u>12/20/14</u>		\$ <u>30⁰⁰</u>	\$ _____	\$ <u>30⁰⁰</u>
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: <u>E/Elizabeth Ennis</u> <u>1226 W. Indiana St, New Buffalo</u> 3. Date of Receipt: <u>12/26/14</u>		\$ <u>300⁰⁰</u>	\$ _____	\$ <u>300⁰⁰</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: <u>James + Nora Howe</u> <u>108 S Thompson St, New Buffalo, MI</u> 3. Date of Receipt: <u>12/26/14</u>		\$ <u>50⁰⁰</u>	\$ _____	\$ <u>50⁰⁰</u>
4. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Place of Business: _____				
2. Name and Address: <u>Kathleen + Gary Reinmuth</u> <u>14 Wilden Way, New Buffalo, MI</u> 3. Date of Receipt: <u>12/26/14</u>		\$ <u>100⁰⁰</u>	\$ _____	\$ <u>100⁰⁰</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
2. Name and Address: <u>Arlene Vagchart</u> <u>628 Lake Drive, New Buffalo</u> 3. Date of Receipt: <u>12/26/14</u>		\$ <u>1,000⁰⁰</u>	\$ _____	\$ <u>1,000⁰⁰</u>
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer: _____ Place of Business: _____				
Page Subtotal:		\$ <u>1,780</u>	\$ _____	\$ <u>1,780</u>
Grand Total:		\$ _____	\$ _____	\$ _____
(Complete on last page of Schedule)				
Page <u>1</u> of <u>02</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

ITEMIZED CONTRIBUTIONS SCHEDULE 1 LEGAL DEFENSE FUND		1. Legal Defense Fund I.D. Number and Name: <u>0001 Donna Messenger</u>		
Enter contributor's name and address.		5. Amount	6. Amount (In-Kind)	7. Cumulative
2. Name and Address: <u>Cecilia Trizna</u> <u>1501-57 Water Street, New Buffalo, MI</u>		3. Date of Receipt: <u>12/26/17</u>		
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u>		\$ <u>150⁰⁰</u>	\$ _____	\$ <u>150⁰⁰</u>
Employer: _____ Place of Business: _____				
2. Name and Address: <u>William Custer</u> <u>628 Lake Drive, New Buffalo, MI</u>		3. Date of Receipt: <u>12/26/17</u>		
4. If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u>		\$ <u>600⁰⁰</u>	\$ _____	\$ <u>600⁰⁰</u>
Employer: _____ Place of Business: _____				
2. Name and Address: <u>William Mc Colium & Diane Pyskos</u> <u>104 S Franklin Street, New Buffalo, MI</u>		3. Date of Receipt: <u>12/26/17</u>		
4. If over \$100.00 cumulative, please provide: Occupation: <u>Architect</u>		\$ <u>4000⁰⁰</u>	\$ _____	\$ <u>4000⁰⁰</u>
Employer: <u>Self Employed</u> Place of Business: <u>16101 Red Arrow Highway, Union Pier, MI</u>				
2. Name and Address: <u>Michael & Donna Messenger</u> <u>226 Mayhew Street</u> <u>New Buffalo, MI 49117</u>		3. Date of Receipt: _____		
4. If over \$100.00 cumulative, please provide: Occupation: <u>Director of Outside Processing</u>		\$ _____	\$ <u>1000⁰⁰</u>	\$ <u>1000⁰⁰</u>
Employer: <u>Metal Processing Corp</u> Place of Business: <u>201 Mississippi St, New Buffalo, MI 49117</u>				
2. Name and Address:		3. Date of Receipt: <u>02/23/18</u>		
4. If over \$100.00 cumulative, please provide: Occupation: _____		\$ _____	\$ _____	\$ _____
Employer: _____ Place of Business: _____				
2. Name and Address:		3. Date of Receipt: _____		
4. If over \$100.00 cumulative, please provide: Occupation: _____		\$ _____	\$ _____	\$ _____
Employer: _____ Place of Business: _____				
Page Subtotal:		\$ <u>4,750</u>	\$ <u>1,000⁰⁰</u>	\$ <u>2,750</u>
Grand Total: (Complete on last page of Schedule)		\$ <u>3,530</u>	\$ <u>1,000⁰⁰</u>	\$ <u>4,530⁰⁰</u>
Page <u>2</u> of <u>02</u>		Forward to #1 Summary Page	Forward to #2 Summary Page	

Quiroga, Evelyn (MDOS)

From: Susan Gotfried <sgotfried@comcast.net>
Sent: Thursday, January 22, 2015 1:59 PM
To: Quiroga, Evelyn (MDOS)
Cc: Donna
Subject: Legal Defense Fund Quarterly Report
Attachments: LDF 1st qtr report - DM.pdf

Attached is Donna Messinger's first Legal Defense Fund quarterly report.

If a report doesn't get filed on time, can I as treasurer be held responsible? Or is it the sole responsibility of the office holder?

BUREAU OF ELECTIONS
2015 JAN 22 P 2:41
DEPT OF STATE



STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

December 5, 2014

Ms. Susan Godfried, Treasurer
412 E Detroit Street
New Buffalo, Michigan 49117

RE: Donna Messinger Legal Defense Fund; **ID# 0004**

**LEGAL DEFENSE FUND ACT
REGISTRATION IDENTIFICATION NUMBER ASSIGNMENT**

This acknowledges receipt of an original Statement of Organization form filed under the Legal Defense Fund Act (LDFA). The identification number appearing above in bold has been assigned to the fund appearing on the enclosed date stamped copy of the original Statement of Organization. Please enter the Identification Number on all filings and correspondence with this office.

Publications On The Internet: The Michigan Department of State's Bureau of Elections has conveniently located all of the Legal Defense Fund Act disclosure forms and publications on the Internet. The disclosure forms and publications are easy to access, print and download. To locate our Legal Defense Fund (LDF) home page:

1. Go to: www.Michigan.gov/elections
2. Click on "Legal Defense Funds"

Campaign Statements: Detailed campaign statements must be filed by all registrants. The filing must be made even if there are no receipts or expenditures to report. Four (4) separate filings must be made each year according to the following schedule:

January 1 – March 31; Due: April 25th
April 1 – June 30; Due: July 25th
July 1 – September 30; Due: October 25th
October 1 – December 31; Due: January 25th

Questions? Please do not hesitate to contact Evelyn Quiroga of this office if you have any questions.

Bureau of Elections
Richard H. Austin Building– 1st Floor
P.O. Box 20126
Lansing, Michigan 48901-0726
Phone: 517-373-2540
Email: disclosure@michigan.gov

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR LEGAL DEFENSE FUND

1. Legal Defense Fund ID #: 4

2. Type of Filing: Original Filing Amendment: Items: _____ Eff. Date: 12/4/2014

3. Full Name of Legal Defense Fund: (Must include Official's first and last name and the words "Legal Defense Fund")
Legal Defense Fund for Donna Messinger

4. Public Official Full Name (Last, First, M.I.):
Messinger, Donna, S.

5a. Office (Check one):
 Governor State Senator MSU Trustee Circuit Court Local or Other please specify:
 Lt. Governor State Rep. WSU Gov. District Court
 Sec. of State State Bd. of Ed. Supreme Court Probate Court City Council
 Attorney General UofM Reg. Appeals Court Municipal Court

5b. District/Circuit # or Jurisdiction: City of New Buffalo

6. A description of the criminal, civil or administrative action at issue:
Charge of MI Open Meeting Act violation

7. Date of Initial Contribution/Expenditure: 10/10/2014

8a. Complete Mailing Address (May be PO Box):
[Empty Box]

8b. Complete Street Address (May not be PO Box):
412 E Detroit Street
New Buffalo, MI
49117

8c. Legal Defense Fund Phone #: 269-469-1358

8d. Legal Defense Fund Fax #: _____

8e. Legal Defense Fund E-mail Address: sgotfried@comcast.net

8f. Legal Defense Fund Web Address: _____

9a. Treasurer Name and Complete Street Address:
Susan Gotfried
412 E Detroit St
New Buffalo, MI 49117

9b. Treasurer Phone #: 269-469-1358

9c. Treasurer E-mail Address: sgotfried@comcast.net

10. Designated Recordkeeper Name:
[Empty Box]

11. Name and Address of Depository or Intended Depository of Legal Defense Fund funds. (Michigan Bank, Credit Union or Savings & Loan Association)
New Buffalo Savings Bank
45 N Whittaker St
New Buffalo, MI 49117

12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief.

Public Official Signature: [Signature] 12/4/2014
Date

Current Treasurer Signature: [Signature] 12/4/2014
Date

2014 DEC -5 AM 8:47
41w

BUREAU OF ELECTIONS
MI DEPT OF STATE

Wright, Veronica (MDOS)

From: Susan Gotfried <sgotfried@comcast.net>
Sent: Thursday, December 04, 2014 3:58 PM
To: SOS, Disclosure
Subject: Legal Defense Fund Applications
Attachments: Statement of Organization.pdf

Please find attached a Statement of Organization for Donna Messinger and Pete Weber.

Thanks for all your help, Susan Gotfried

BUREAU OF ELECTIONS
MI DEPT OF STATE
2014 DEC ~~5~~⁴ AM 8:47